PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/565,274			ing Date 20/2006	To be Mailed
APPLICATION AS FILED – PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY											
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
×	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		ı	N/A	300
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A		l	N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),	E or (q))	N/A		N/A		N/A		ı	N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 = *			l	x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *				x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 s	ings exceed 100 tion size fee due y) for each ion thereof. See 7 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL	300
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY											
AMENDMENT	05/14/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 8	Minus	<b></b> 20	= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 1	Minus	<b></b> 3	= 0	1	x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus		=		x \$ =		OR	x \$ =	
ΜO	Independent (37 CFR 1,16(h))		Minus	***	-	]	x \$ =		OR	x s =	
핇	Application Size Fee (37 CFR 1.16(s))					l			l		
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						TOTAL		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	TOTAL ADD'L FEE	
"If the entry column is less than the entry in column 2, white "v in column 3.  "If the "Highest Number Previously Paid for "In THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 30, enter "30".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 30, enter "30".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 30, enter "30".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 30, enter "30".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 30, enter "30".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "In THIS SPACE is less than 20, enter "20".  "If the											

This collection of information is orquired by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USPTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 18 his collection is estimated to take 12 minutes to complete, encluding pathening, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.